



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yousuke TAKAHAMA et al.

Appln. No. 09/889,321

Filed: July 13,2001

For: METHOD OF ACQUIRING
IMMUNOLOGICAL TOLERANCE

Art Unit: 1632

Examiner: A. Wehbe

Atty. Docket No. 31671-173265

Customer No.



PATENT TRADEMARK OFFICE

AMENDMENT

Mail Stop: Amendments

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action issued October 21, 2005, please enter the following amendments and consider the following remarks.

Amendments to the claims are reflected in the listing of the claims which begins on page 2.

Remarks begin on page 6.

It is not believed that any fee is due. Please charge any fees that may be required or credit any refunds to our deposit account no. 22-0261, and notify the undersigned.



AF

IFW

USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL For FY 2005 <i>(Reflects USPTO filing fees in effect from 12/08/04)</i>				Complete if Known																																																																			
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> <div style="border: 1px solid black; padding: 5px;">TOTAL AMOUNT OF PAYMENT (\$) 0</div>				Application Number		09/889,321																																																																	
				Filing Date		July 13, 2001																																																																	
				First Named Inventor		Yousuke Takahama																																																																	
				Examiner Name		A. Wehbe																																																																	
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																			
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">22-0261</div> Deposit Account Name: <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;">Venable LLP</div> The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____</div>				2. EXTRA CLAIM FEES																																																																			
				<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;"><u>Fee Description</u></th><th style="text-align: right;"><u>Fee (\$)</u></th><th style="text-align: right;"><u>Small Entity Fee (\$)</u></th></tr></thead><tbody><tr><td>Each claim over 20</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>Each independent claim over 3</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr><tr><td>Multiple dependent claims</td><td style="text-align: right;">360</td><td style="text-align: right;">180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">50</td><td style="text-align: right;">25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">200</td><td style="text-align: right;">100</td></tr></tbody></table>				<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100																																														
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Signature:		Registration No. (Attorney/Agent): 36,830	Telephone: (202) 344-4000																																																																				
Name (Print/Type): Ann S. Hobbs, Ph.D.		Date: January 23, 2006																																																																					